The special attention of Physicians is Kespeci	trully invited to the Ke	marks below, and to Lis	t of Diseases on back of th	his Certificate.
Permit No. 1890 Office The Physician who attended any person	of Registra	of Kital Stal	istics. Ward	
	RIAL CAN BE OBTAIN	CO WITHOUT A PROPER		, or sooner, if
CERTIF	ICAIL	OF DE	AIM.	
Date of Death,		July 3/	57	
Full Name of Deceased, \begin{cases} \text{Write legible correctly. I not named, of parents.} \end{cases} \] Sex. Male or Female (Cross out the work)	y and spell if an Infant give names	acket C	. Careca	eson
Sex, Male or Female, Cross out the work required in this l	rd not }		`	
Age, 56 Year	rs,	Months,		Days.
Color,		White		
Married, Single, Widow or Wido	wer, {Cross out the word	ls not }		
Occupation,	Z	umber .	Inspecto	7
Birth Place, State or country, and how long in the United States, fif of foreign birth.	6	Talliner	lity	
Duration of Residence in the Ci			6 YEar	2
Place of Death, {Give Street and }	Uline	resety !	Hos petal	
$ extit{\it Cause of Death,} \left\{egin{array}{l} ext{First (Primary),} \ ext{Second (Immediate)} \end{array} ight.$	Centr	Exhaus	nfostion tim	······································
Duration of Last Sickness,		6	mms	
Place of Burial, Green Mer	int	4.	2 '	
Date of Burial, Coloquet	2/84	6 m	h.7-1	·
(Undertaker, Donal & M	while		Medical Attendant	<u>М.</u> D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Place of Business, 1201 W. Jagelle Address, Univers

Health Department Permit No. 1891 Office of Registrar of Vital Statistics. Ward 5. The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Certificate. Date of Death, Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Sex, Male or Female, (Cross out the word not) Months,... Days. Age, ... Color, Married, Single, Widow or Widower, Cross out the words not required in this line. Occupation,... all Birth Place, {State or country, and how long in the United States, if of foreign birth. Duration of Residence in the City of Baltimore, Place of Death, Give Street and Number. First (Primary), Cause of Death, Second (Immediate), Duration of Last Sickness, All the above information should be furnished by the Physician. Place of Burial Larel Come Date of Burial, Aug. 2 Undertaker, Sotrell + Place of Business, 416

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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and date of death.

Hepartmenta Co Permit No. n of this Certificate, accurately filled out, The Physician who attended any person in a last the death of said deceased, or sooner, if to the Undertaker or other person superintending the requested so to do, under penalty of law.

No Permit for Burial can be Date of Death, Full Name of Deceased, { Write legibly and spells correctly. If an Infant not named, give names of parents. Sex, Male or Female, {Cross out the word not required in this line. Age, Years. Days Color, Married, Single, Widow or Widower, {Cross out the words not } Occupation,... Ballenice Birth Place, State or country, and how long in the United States, if of foreign birth. Duration of Residence in the City of Baltimore, Place of Death, Give Street and Number. First (Primary), Cause of Death, Second (Immediate), Duration of Last Sickness,... All the above information should be furnished by the Physicia Place of Burial, Con Date of Burial, (Undertaker, Place of Business, Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the

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and date of death.

Bealth Department, Ein of Bakimore.
Permit No. 1893 Office of Registrar of Yilal Statistics. Ward 9
The Physician who attended any person in a last illness, is responsible or the preparation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within the representation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within the representation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within the representation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within the representation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within the representation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within the representation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within the representation of the death of said deceased, or sooner, it is not to the Undertaker or other person superintending the burial, within the representation of the Undertaker or other person superintending the burial, within the representation of the Undertaker or other person superintending the burial person is a superintending the Undertaker or other person superintending the burial person is a superintending the Undertaker or other person superintendi
CERTIFICATE OF DEATH.
Date of Death, 30th. July 1884.
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents. Sex. Wale or Female, {Cross out the word not } required in this line.}
Sex, Male or Female, {Cross out the word not }
Age, / Months, ZI Days.
color, white
Married, Single, Widow or Widower, {Cross out the words not }
Occupation, A. 11.
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, During lifetime
Place of Death, {Give Street and } Shegis terstnest 20H.
(First (Primary), Morbille
Cause of Death, Second (Immediate), Second (Im
Duration of Last Sickness, 24 hours
Place of Burial, Mt Carmed Comety,
Date of Burial Long 12 1887 Williams Henry
J. Undertaker, Field Grede M. D.
Place of Business, or 8. Baroline Kadress. J. Wolfer & 318

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[over.]

and date of death.

Health Department, City of Baltimore.
Permit No. AUG Office of Registrar of Vital Statistics. Ward The Physician who attended any person in a last illness, a responsibility of the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-jour hours after the death of said deceased, or sooner if requested so to do, under penalty of law. No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.} Surah & Punnell
Full Name of Deceased, correctly. If an Infant not named, give names of parents.
Sex, Male or Female, Cross out the word net female
Age, Years, 6 Months, Days.
Color, Colord
Married, Single, Widow or Widower, Cross out the words not Single
Occupation, Morel
Birth Place, State or country, and how long in the United States, Ballinual fif of foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, Give Street and 122 M Welcoin alley
Cause of Death, First (Primary), Deething
Cause of Death, Second (Immediate), leholera Infantum
Duration of Last Sickness,
Place of Burial, Laurel leernetry
Date of Burial, august 1/87 Jama & Stemans M. D.
Undertaker, H flogs & franko
Place of Business, Survey of Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause

Health Department Gity of Baktimore.
Permit No. 1895 Office of Registrar of Vital Statistics. Ward
The Physician who attended any person in a last illness, is a sponsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within constraint to the death of said deceased, or sooner, if requested so to do, under penalty of law.
No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death,
Full Name of Deceased, \{\begin{array}{l} \text{Write legibly and spell} \\ \text{correctly. If an Infant} \\ \text{not named, give names} \\ \text{of parents.} \end{array}
Sex, Male or Female, {Cross out the word not }
Age, Years, Months, Days.
Color, // htte
Married, Single, Widow or Widower, {Cross out the words not }
Occupation, Carplinger
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, {Give Street and } 331 / Letter 4
Cause of Death, Second (Immediate), Talonles Deach
Duration of Last Sickness, All the above information should be furnished by the Physician.
Place of Burial, Int, allivet Gen,
Date of Burial, ang 1/87
Undertaker, J, B, Root M. D.
Place of Business, 1003 WBalladress, 10 9 1 Jomban

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

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Health I	Beyartment?	dity of	Baltimo	re.
	fice of Registra	MAR E PROPERTY OF THE PARTY OF		Ward 202
The Physician who attended any to the Undertaker or other person superequested so to do, under penalty of law No Permit F	erintending the burial, within	twenty-four hours a	fter the death of said	ate, accurately filled out deceased, or sooner, i
CERT	TIFICATE	OF I	EATH.	
Date of Death,	Ju	by 3/	1887	
Full Name of Deceased, corr not	named, give names	vaid.	R. Der	eu
Sex, Male or Female, Cross ou required	arents.	male		
Age, 72	Years,	Mon:	ths, 3	Days,
Color,	h	heli		1
Married, Single, Widow or			ridowe	U/
Occupation,	Ca	upen	ler	, [
Birth Place, State or country, and he long in the United State if of foreign birth.	\$	may	land	V
Duration of Residence in th		life	Time	
Place of Death, {Give Street and }	9047	wifel	in It	
$ extit{Cause of Death}, egin{cases} ext{First (Primar)} \\ ext{Second (Imm)} \end{cases}$	12111	ysis	al-	-
Duration of Last Sickness,	ished by the Physician.	24 h	ous	/
Place of Burial, Weste	,	20	00	
Date of Burial, Alac	2 nd/884	fase	54.66	ens M. D.
(Undertaker, Cos As	le out		7000	M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the

Place of Business 1003 h Bally rind Address, 633 Elmon

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department Office of Registrar of Permit No. is responsible for the presentation of this Certificate, accurately filled out, within windows lours after the death of said deceased, or sooner, if The Physician who attended any person in a last illness to the Undertaker or other person superintending the burial, requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate. Date of Death, $Full \ Name \ of \ Deceased, egin{cases} ext{Write legibly and spell} \ ext{correctly.} & ext{If an Infant} \ ext{not named, give names} \ ext{of parents.} \end{cases}$ Sex, Male or Female, Cross out the word not required in this line. Months, Age, Color. Married, Single, Widow or Widower, {Cross out the words not } Occupation, Birth Place, State or country, and how long in the United States, if of foreign birth. Duration of Residence in the City of Baltimore,. Place of Death, Give Street and Number. First (Primary), Cause of Death, Second (Immediate), Duration of Last Sickness, All the above information should be furnished by the Physician. Place of Burial, London Date of Burial, chang 2 Undertaker, Place of Business 1003 & Balling

6 Days.

Extract from Regulations of the Board of Health to secure a full and correct record of the City of Baltimore.

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and date of death.

liearen ocharenfene and marchifore.			
Permit No. 1898 Office of Registrar of Vital Statistics. Ward / 5			
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled			
out, to the Undertaker or other person superintending the buriet, within twenty four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.			
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT PROPER CERTIFICATE.			
CERTIFICATE OF DEATH.			
Date of Death,			
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.			
Sex, Male Cross out the word not prequired in this line.			
Age, Years, 2. Months, Days,			
Color, White			
Married, Single, Widow or Widower, Prequired in this line.			
Occupation,			
Birth Place, State or country, and how long in the United States, if of foreign birth.			
Duration of Residence in the City of Baltimore,			
Place of Death, Give Street and # 2/18. Cambriage St			
(Firet (Primary)			
Cause of Death, Second (Immediate), Ohol. Infantim			
Duration of Last Sickness, two Nocks			
All the above information should be furnished by the Physician.			
Place of Burial, Bock mans & UND A			
Date of Burial Rugust 1st 188 9 1 1 1 188			
M. D.			
(Undertaker, Jan dy ha Son f			
Place of Business, Cantin are Address, Complete			
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics			

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married of single) of the person deceased, and the cause

	Department,	THE TRUDE	Baltimor	'e. // "
Permit No. 1899	Office of Registre	y Vilat St	Washies. W	ard /
to the Undertaker or other person	any person in a last illness as requirements and superintending the burial, within	onstole for the present twenty four hours	tation of this Certificat to the death of said de	ceased, or sooner, if
requested so to do, under penalty of	Tlaw.		ER CERTIFICATE.	03
CER	TIFICATE	OFD	EATH.	
Date of Death,	my 31/8,		211-	//
Full Name of Deceased, $\{$	Write legibly and spell correctly. If an Infant not named, give names of parents.	eanual	paaes	ec
Sex, Male or Female, { Cro.	ss out the word not } uired in this line.		.,	
Age, 34	Years,	Month	s,	Days.
Color,	Tuk		1	1
Married, Single, Widow'd	or Widower, {Cross out the wor	ds not }		
Occupation,	June	1.11	12 01-	
Birth Place, {State or country, a long in the United if of foreign birth.	nd how States,	your	2 00	
Duration of Residence in	n the City of Baltimore	20 -/	, eau	7
Place of Death, Give Street a Number.		Stof	the c	Kue
First (Pr	illiar j),	e Strok	, 11	
Cause of Death, Second	(Immediate), Cre	hal Og	soflete	7
Duration of Last Sickner	88, / O Mor	un_		
Place of Burial, Fell	l Point le	emeter	m -	
Date of Burial, Suc		V130	acell	M. D.
(Undertaker, Pacor	Ahrens 6		Medical A	
Place of Business	16 W Batto	ddress/124.	Drust	ella
Extract from Regulations of th	ne Board of Health to secure		record of the Vita	Statistics in the

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]